



Rhode Island EOHHS Enhanced Funding for HCBS Public Comment Summary

June 11, 2021

**RHODE
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Public Comment Structure

EOHHS accepted public comments on the on the types of activities that could be funded to enhance, expand, or strengthen Medicaid HCBS, as well as ways this funding could be used to address disparities and equity issues in the provision of HCBS.

- Public comments accepted via an online survey
- Survey distributed via “interested parties” email list
- Survey open from May 20 to June 2, 2021
- **Over 600 responses received**
- Full text of comments is over 30 pages, and is available for internal review

Type of Respondents

Almost 1/3 of commenters were direct care workers. Another 7% identified as parents of service recipients.

Respondents by Type of Organization:

Type of Organization	# Respondents	% of Responses
Assisted Living Residence	22	4%
Community Advocate	39	6%
Direct Care Worker	191	30%
Health Plan	7	1%
Home Health Agency	26	4%
Hospital	2	0%
Medicaid Beneficiary	3	0%
Nursing Facility	10	2%
Physician Organization	5	1%
Service Advisor	3	0%
Shared Living Agency	25	4%
Other (see details at right)	224	36%
Blank	70	11%
TOTAL	627	100%

Details of “other”:

Type of Organization	# Respondents	% of Responses
Parent	43	7%
Early intervention	25	4%
Adult Day Care/ Day Program	13	2%
Behavioral Health Organization	9	1%
ID/DD	17	3%
Non-Profit	8	1%
State Agency/ Government	8	1%
Group Home	7	1%
ABA/ PASS/ HBTS	5	1%
HCBS	4	1%
Community mental health center	3	0%
Union	3	0%
Misc	79	13%
TOTAL	224	36%

Ranking of HCBS Categories

The category ranked highest in importance to respondents was **Provider Payment Rate and Benefit Enhancements**. Over 1/3 of comments related to that category.

HCBS category	Ranking of importance 1-5	Specific comments on category:	% of comments	Ranking from: Direct Care Workers	Ranking from: HHAs	Ranking from: Comm Advocates
HCBS Provider Payment Rate and Benefit Enhancements	4.9	188	36%	4.9	4.9	4.8
Quality	4.8	6	1%	4.9	4.8	4.8
Workforce Support	4.8	89	17%	4.9	4.9	4.8
Caregiver Support	4.8	63	12%	4.9	5.0	4.9
Provider Capacity	4.7	15	3%	4.8	4.8	4.8
Increased Access to HCBS	4.7	46	9%	4.8	4.7	4.9
Functional Capabilities of Persons with Disabilities	4.7	24	5%	4.8	4.5	4.7
Mental Health and SUD Services	4.6	25	5%	4.7	4.5	4.7
Community Transition Support	4.6	18	3%	4.7	4.6	4.7
Eligibility and Assessment	4.5	4	1%	4.7	4.4	4.2
SDOH and Health Disparities	4.5	3	1%	4.6	4.2	4.6
Outreach	4.5	5	1%	4.6	4.2	4.6
Technology and Data Integration	4.4	7	1%	4.6	4.3	4.4
Supplies and Equipment	4.3	5	1%	4.6	4.3	4.2
Access to COVID-19 Vaccines	4.2	5	1%	4.5	4.0	4.4
Other (please specify)	NA	20	4%			
TOTAL		523				

Note: Not all respondents submitted text-based comments.

Overview of Comments

The main topic of comments was the need for higher salaries and more training for direct care workers.

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| <p>1. Respondents outlined the need for increased training, salary, and supports (i.e. respite care) for caregivers and direct support workers.</p> | <ul style="list-style-type: none">• Approximately 27% of respondents prioritized wages and benefits,• 3% prioritized the need for training, and• 2% prioritized need for respite care |
| <p>2. Respondents requested additional community engagement opportunities for individuals with disabilities, including employment opportunities, and increased day service programs.</p> | <ul style="list-style-type: none">• Approximately 10% of respondents prioritized the need for community engagement, including IDD employment opportunities and IDD day programs |
| <p>3. Respondents discussed the workforce shortage, difficulty hiring staff due to low wages, and long wait lists for home services.</p> | <ul style="list-style-type: none">• Approximately 8% of respondents prioritized workforce shortage
<i>(if comment noted both wages and workforce, it was counted as relative to wages)</i> |

Public Comments

Respondents provided a variety of suggested program areas to be included .

- "Children's Mobile Crisis Services Intensive Home-based Services for children and families Funding for individuals without traditional credentialing-this will assist in attracting a more diverse workforce to reflect communities served."
- "Expressive Arts Therapy access to art materials, theatre, various creativity, therapeutic trainings, cross cultural trainings"
- "Additional reimbursement for aides for transportation and additional MH/behavioral health training and client services "
- "I would like to see Medicaid reimbursement for Occupational Therapy and Speech-Language Pathology in the outpatient setting. Medicaid currently only reimburses for Physical Therapy."
- "Wrap around services for at risk families, elders and individuals with disabilities will be enhanced and integrated for seamless service provision."

Program-Specific Comments

Area	Comments
Wages, benefits for direct care workers	<ul style="list-style-type: none">• Paying parents to care for children• The biggest need is more CNA/HHA availability for ADL/IADL assistance programs• Direct care staff, employed by home health agencies as well as through self-directed care, should receive a minimum of \$15/hour. Provide differential pay for overnight shifts, provide increased pay for increased skills (working with patients with Alzheimers, BH issues).• RI's minimum wage will rise to \$15 in 2025, with yearly increments, but each year we will continue to lag behind Massachusetts• We need higher wages for DSPs. Everything in this survey is important, but nothing can happen without staff!• [All answers in the Quality section are about fair wages]• Develop or expand funding for respite care services to allow family caregivers to take a break from their caregiving duties• Mental health training• Sick and vacation time for self directed staff• enhanced Shared Living Rates for families caring for loved ones with Alzheimer's and/or dementia - provide enhanced Alzheimer's and dementia education and coaching and focus on caregiver self-care
Training	<ul style="list-style-type: none">• training of professionals on recognizing & reporting elder abuse and neglect• access to funding for trainings• Staff training could be provided to help deal with the different behavioral health issues.• Training for drug and alcohol dependent residents in an ALF is becoming a priory for staff.• lack of training for behavior disorders and MH issues• [need for training in general mentioned in over 30 comments]
Workforce Supports	<ul style="list-style-type: none">• Respite• Mental health support for DSPs• Peer support networks• Use of senior companions• HCBS service providers need the ability to serve people in rural areas• robust group of DSPs that families can utilize through Self Direction



Program-Specific Comments

Area	Comments
Community engagement	<ul style="list-style-type: none"> • Work programs/job coaching for DD adults/older teens • Training for home based work • More opportunities to be out in the community, field trips, horse back riding, exercise programs • more outreach programs in the community for that folks i support with intellectual disabilities. • assistance navigating the community to optimize the potential for independence • Access to community based programs and work opportunities for people with special needs
Additional benefits	<ul style="list-style-type: none"> • Establishing individuals in a new living arrangement after exiting an institutional setting • Speech Pathology Coverage for older adults • Oral health care access for I/DD and low income Assisted Living residents • Medicaid support for service-enhanced housing for seniors based on the SASH model • More SUD care for adolescents. Children’s mobile crisis unit • Fund developmental and mental health supports from local providers embedded in the communities where children live learn and play – smaller providers can’t take Medicaid due to admin burden • more funding for transportation for the elderly • providing people with disabilities better adaptive equipment • Expand funding for programs to allow HCBS beneficiaries to physically adapt or modify their homes to accommodate their functional limitations and to access assistive technology software, equipment, or products that can help them improve, increase, or maintain specific functional capabilities. • Access to safe housing
General	<ul style="list-style-type: none"> • Payment reform for HCBS providers and benefit enhancement continues to be the most pressing need for strengthening and sustaining the LTSS delivery system. (Integra) • Neighborhood believes that these enhanced funds should be channeled through to providers with the express intent of supporting what we would identify as workforce development. Funding could be utilized on a pass through basis to directly increase staff wages. Monetary incentives could be used to support the creation of career pathways program guidance and backing, enabling entry- level professionals to continue to work towards more advanced clinical roles, with perhaps incentives for achievement of career milestones. Neighborhood believes a key to building workforce capacity, especially at the paraprofessional level, is a clear opportunity for career advancement through experience and education. • strengthen options counseling, NWD through non-administrative activities including establishing toll-free phone lines, informational websites, marketing and outreach campaigns • easy-to-understand information about the 2 self-directed care options and why one may be more appropriate for the individual.